

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ruben, et al.

Docket No.: PF527ND1

Application No.: 10/618,797

Confirmation No.: 8233

Filed: July 15, 2003

Art Unit: 1646

For: Human Tumor Necrosis Factor TR20 and Examiner: Eileen B. O'Hara
Methods Based Thereon

**REPLY INCLUDING ELECTION AND
AMENDMENTS UNDER 37 C.F.R. § 1.115**

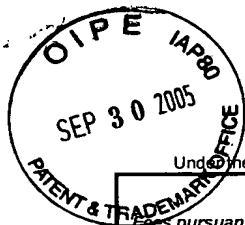
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir or Madam:

In response to the Office Action mailed June 30, 2005 (Paper No. 06212005), please enter the following election and claim amendments. Applicants submit concurrently herewith: (i) Petition For Extension of Time (for two-months, up to and including Friday, September 30, 2005; 1 page, in duplicate); and, (iv) a Fee Transmittal Sheet.

Amendments to the Claims begin on page 2.

Remarks begin on page 7.



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/618,797-Conf. #8233
		Filing Date	July 15, 2003
		First Named Inventor	Steven M. Ruben
		Examiner Name	E. B. O'Hara
		Art Unit	1646
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	PF527ND1UT	
TOTAL AMOUNT OF PAYMENT	(\$) 0.00		

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
44 - 64 = _____ x _____ = _____

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
6 - 6 = _____ x _____ = _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	47,088
Name (Print/Type)	Doyle A. Siever	Telephone	(301) 354-3932
		Date	September 30, 2005